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| 1. | DIVISION OF STATISTICAL RES | CERTIFICATE | | STREET, BALTIMO | RE 1, MARYLAND |
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| 1. | Place of Beath a. COUNTY Baltimore Doward | Co MARYLAND | 2. USUAL RESIDENCE (1 a. STATE Haryla) | nd b. coun | • |
| | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Ellicott City | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outs | | te RURAL and give nearest town) |
| 0 0 | d. NAME OF HOSPITAL OR INSTITUTION (IF not in bakland Nursing Home | n hospital, give street address) | d. STREET ADDRESS 834 Stan | mford Road | e. IS RESIDENCE ON A FARM? YES NO |
| 3. | NAME OF First DECEASED (Type or print) Mary | Middle Marie | Last 4. Birnie | DATE Month OF DEATH July | |
| | SEX 6. COLOR OR RACE 7. MARRI Female White WIDOW | ED DIVORCED | 2/17/1883 | 9. AGE (in years last birthday) 83 yrs. | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| | a. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) Homemaker | , KIND OF BUSINESS OR INDUSTRY | Galena, N | | 12. CITIZEN OF WHAT COUNTRY? |
| | John Mulford | | 14. MOTHER'S MAIDEN | th Miller | |
| 1: (Y | 6. WAS DECEASED EVER IN U.S. ARMED FORCES? 88, 110, or unknown) (If yes give war or dates of service) | | INFORMANT s. Alice Lile: | Addres 203, Hopk | s kins Road |
| CATION | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR | augesh | or hoo lee | A faile as Kt. C ase condition given in the Selflesk | PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO |
| AL CERTIFICATION | 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY MONTH, Day, Year 1 20c. | | | | (County) (State) |
| MEDICAL | Hour a.m. Wh | ile Not While factor | CE OF INJURY (Home, farm, ry, street, office bidg., etc.) | 201. (City or town) | (Goully) (State) |
| | 21. I certify that (I) (this hospital) atto saw the deceased afive on 22a. SIENATURE | | ATTENDING MED DIRE | M, from the causes | 22b DATE SIGNED |
| 23 | NAME (Type) BALTIMORE NAT'L. BURIAL, CREMATION, 23b. DATE THEREPEL REMOVAL (Specify) 7/12/1966 | TT CITY, MD. | 60/ Ballo | 23d. LOCATION (City, to Baltimore, | |
| 2 . 6 | Vm. f. Tuhner & lo | no north 2 | Par JUL DATE | BY REGISTRAR 25b. RE | GISTRAR'S SIGNATURE |

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY MOWA TO MARYLAND Marv and by the b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours .≘ Ellicott City Ellicott City papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within Baltimore National Pike9Pine Orchard) Baltimore National Pike (Pine Oroberton) within letely carbon 3. NAME DE Middle Last DATE DECEASED event, compl (Type or print) Blacksten DEATH July 19 66 Lula Mav 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED гетоуе Days any and Female WIDOWED A DIVORCED [Sept_21.1890 E 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR ician 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease during most of working life, even if retired) INDUSTRY COUNTRY? At Nome Frederick Co. Md. death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Yingline attendin Susan Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT **Address** permit. 5 (Yes, no, or unkown) (If yes give war or dates of service) No Mrs. Evelyn Affeldt. Cemetery Lane. E. C. Me cremation, None the 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN led by the The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of the pelvis with generalized been signed the burial-trainer to burial, cr IMMEDIATE CAUSE (a). metastasis . diverticulitis with rupture of the Conditions, If any, which gave rise to immediate DUE TD diverticulum. colostomy and cardiac arrest. cause (a), stating the July 11. underlying cause last, CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY for use Health PERFORMED? NO T the hospital PHYSICIAN: 2Da. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part 11 of Item 18.) certil detached for the Dept. of I MEDICAL 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from. 19.65 to July 17 . 19.66 that (I) (we) last DIRECTOR: age 3 should lled with the and that death occurred at 7:15M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING X MED. DIRECTOR July 11, 1966 PHYS. pa PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) Howard E. Hall. Sykesville. Maryland BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Soecify) Burial 7-14-1966 Creek Camet 255. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR C. Higinbothon Bllicott City VR AI5 (4) 20M 1/65



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10014 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. filled in by the funeral papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Maryland dine Arundel Howard ve carban papers. Pages 1 event, within 72 hours after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 write RURAL and give negrest town) Pasadena d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM Nakland Rt 11 Box - 40 N/Home NO YES NAME OF Middle Lost DATE Month physicion and completely Dov Year DECEASED LILLIAN BORN July 1.0 66 M. (Type or print) DEATH 19 S SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours 14 March Whate Female WIDOWED DIVORCED 1890 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Balto.Maryland ownhome Homemaker 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Mary (unknown) Jacob Fmerick signed by the ottending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) I'll ves give wor or dates of service 5 Emory J. Born b/ Same as # 2 ne cremotian, 18. CAUSE OF DEATH (Enter only one couse per line for (f), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY PITTET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO the hospitol or ottending stoting the underlying couse os the 10 FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIE CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL-DISEASE CONDITION GIVEN IN PART 1/61 NO YES p 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Dov. Year (County) foctory, street, office bldg., etc.) of work TO HOSPITAL OR ATTENDIN Page 4 moy be retained by 21. I certify that (I) (this hospital) attended the deceased from I should Fictor 1019 66 and that death occurred at 34 M, from courses and on the date stated above. saw the deseased alive on 22o. SIGNATURE 226 DATE SIGNED PHYS. DIRECTOR director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ELLICOTT CITY, MD 23h. DATE THERE E. HU. 15-34-40 AF OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, 23d. LOCATION (City or Town) REMOVAL (Specify) 7/13/66 ADDRESS Balte. Maryland 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR iarlen VR A15 (4) 20 M 1/66 Singleton Funeral Home/ Glen Burnie, Md. 1956

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY a. STATE after Howard N.Y. MARYLAND papers. Pages in 72 hours afte b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b hours Ellicott City Woodhaven d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 24 within 8616 Oakland Nursing Home 75th Street NO E YES npletely carbon p 3. NAME OF Middle DATE Month Day Year First omf tast t DECEASED remove car n any event, OY (Type or print) DEATH executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 18949. 7. MARRIED NEVER MARRIED 73 Female WIDOWED A DIVORCED T Feb. 19.1883 10a. USUAL OCCUPATION (Give kind of work done | during most of working life, even if retired) physician n please ri val, and in 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Brooklyn.N. I. certificate At. Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending phermit. Then геточа Antone Schubert igned by the attend rial-transit permit. rial, cremation, or n 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) | (If yes give war or dates of service) Barry F. Tourte . 120 Dunloggin Rd. E.C. Md. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, (DUE TO eac Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS (VEN IN PART 1(a) 19. for use Health PERFORMED? NOOP YES 208. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION OF CONTRIBUTI DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) etached f Dept. of this 20e. PLACE OF INJURY (Home, farm, (State) 20d. INJURY OCCURRED 20f. (City or town) (County) 20c. TIME OF NJURY Month, Day, Year de L factory, street, office bldg., etc.) Hour a.m. After Id be c retained by 19 at work at work p,m certify (fiat (i) (Male hosnical) aftended the deceased from 3 should with the AM, from the causes and on the date stated above. the deceased alive on and that death occurred at 22b. DATE SIGNED 22a SIGNATURE DIR PHYS DIRECTOR PHYS. Мау pal 軍 HOSPITAL PHYSICIAN'S FUNERAL 22d. ADDRESS director, p NAME (Type) Christian S. Mass, M.D. 687 Balto, Nat'l, Pike, EllicottCity 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 2 Brooklyn, N. Y. Cyphress Kill Burial REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS F.C. Higinbothom, Ellicott VR A15 (4) 2DM 1/65

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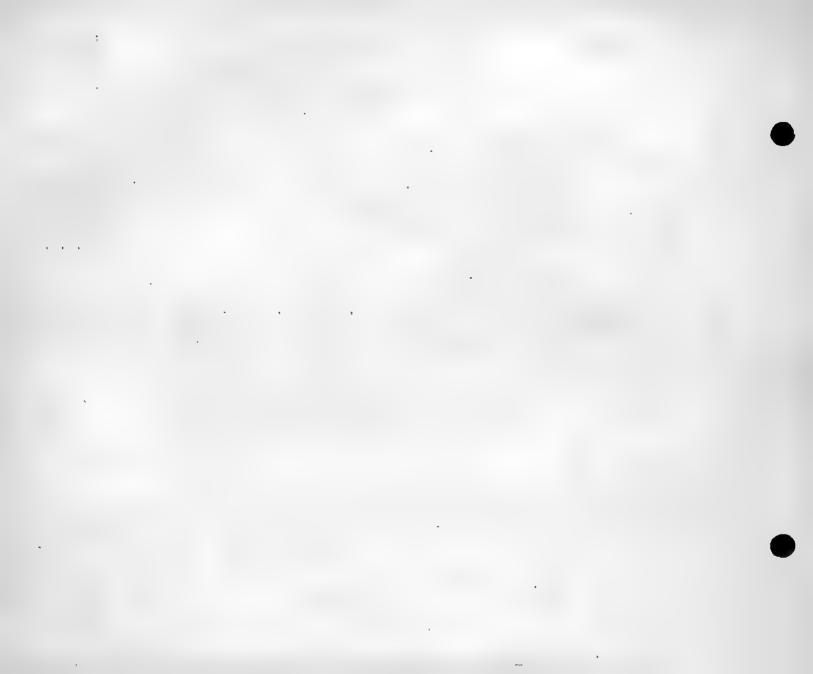
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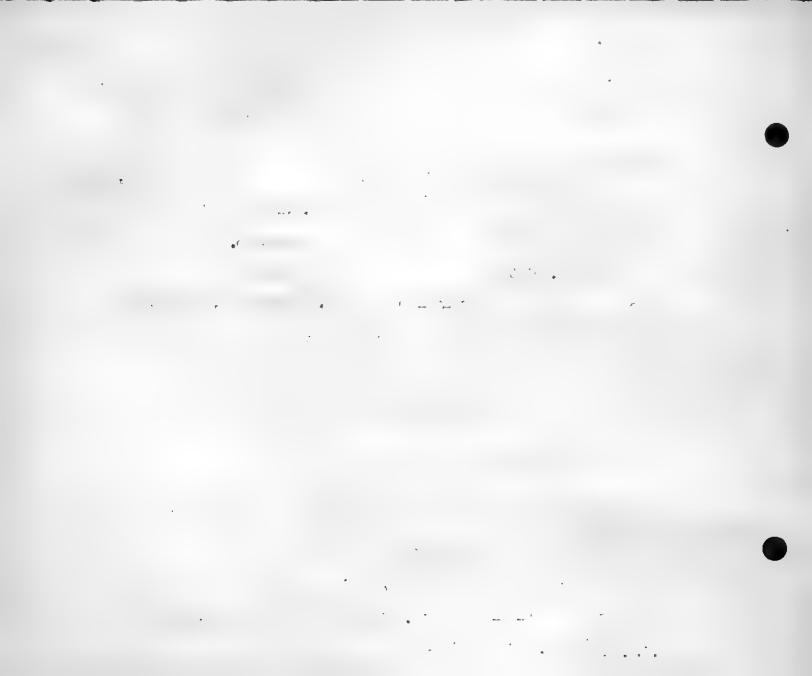
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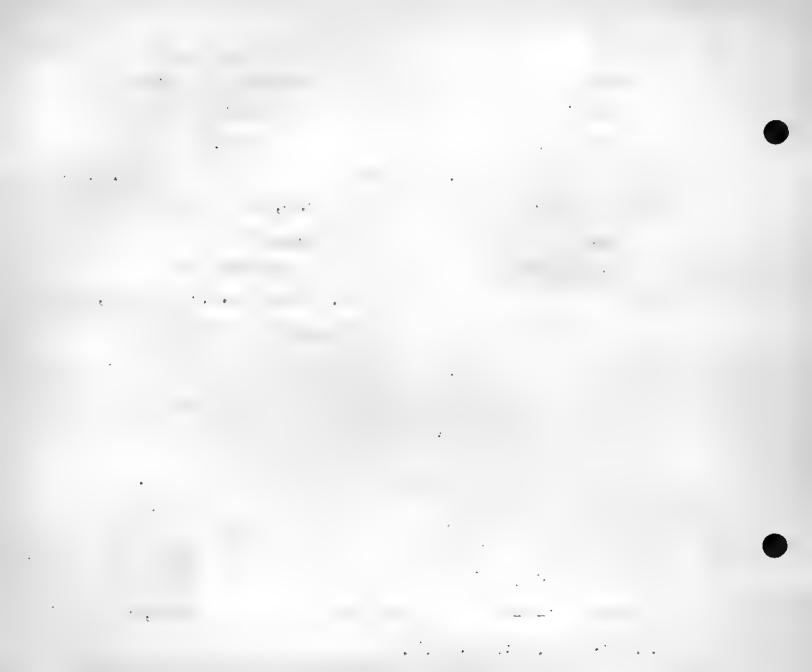
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10016 CERTIFICATE OF DEATH hours after death physician and completely filled in by the funeral USUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) PLACE OF DEATH o. COUNTY o STATE b. COUNTY HOWARD HOWARD MARYIAND he low requires that the death certificate be executed within 24 hours after CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ELKRIDGE ELKRIDGE papers hin 72 hr d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE ON A FARM? 5828 VIRLONA AVENUE 21227 5828 VIRLONA AVENUE 21227 YES NOXX 3 NAME OF First Midd e Lost 4 DATE Month event, wit Year DECEASED CONTER 66 LOUISE E. DEATH JULY (Type or print) SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED XX NEVER MARRIED lost birthdov) Months Davs Hours and in ony WIDOWED DIVORCED 3-8-1890 FFMALE WHITE AISUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY? ng most of working life, even if retired) **INDUSTRY** LUXEMBOURG 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removal **ELIZABETH** PIERRE BAUSTERT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service MR. JULES G. CONTER, 5828 VIRLONA AVENUE #27 NONE buriol, cremotion, 1B. CAUSE OF DEATH (Enter any one cause per line for (a), (b), and (c)) INTERVAL BETWEEN burial-tronsit ONSET AND DEATH PART I DEATH WAS CAUSED BY signed by IMMEDIATE CAUSE (o) ■agm 4 may be retained by the hospital or attending physicion. **D FUNERAL DIRECTOR:** After this certificate has been signed by DUE TO Conditions, if only, which gove (b) rise to immediate couse (a), DUE TO stating the underlying couse be detached for use as the State Dept. of Heolth prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO YES ! 20g. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of stem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg., etc.) Hour o.m. Not While at work 21. I certify that (1) (this haspital) attended the deceased from \$2116 22, 12 4/1966 that (1) (we) last and that death accurred at 2-2 M. from causes and an the date stated above. saw the deceased alive an LEU 22o. SIGNATURE-22b. DATE SIGNED ATTENDING PHYS DIRECTOR PHYS. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN 5609 MAIN STREET DR. BRUCE BRUMBAUGH NAME (Type) 23o. BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
BURTAL AUGUSTINE'S CEMETERY BALTIMORE MARYLAND 7-7-66 0 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 2So RECID BY REGISTRAR VR A15 (4) 20 M 1/66 HOWARD H. HUBBARD, 4107 WILKENS AVENUE 21229 1956



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH uneral and 2 death. hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Homard Marroll and MARYLAND HOWELTS b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenels Glenel d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES D NO completely carbon NAME OF First Middle Last DATE 4. Month Year DECEASEO DF HOWARD GRAFTON CRIST July 9,1966 (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE | 7. MARRIED T NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 8. DATE OF BIRTH етоле any 9 Male White WIDOWED [Jan. 5, 1892 DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) siciam ease r 12. CITIZEN OF WHAT þe during most of working life, even if retired) COUNTRY? Farming Retired Moward Co. death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME transit permit, The cremation, or remain Edward L.Crist Rachel Hobbe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no. or unknwn) (If yes give war or dates of service) Mrs. Irene Crist.Glenelg.Md 216-3**6-**6139 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH requires that the PART I. DEATH WAS CAUSED BY: attending physician. Coronary thrombosis Instant IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to Immediate DUE TO cause (a), stating the underlying cause last. (c) PHYSICIAN: The law 98 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health PERFORMED? NO [YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 20a, ACCIDENT WAS UNDERLYING F t. of OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While be Stat ATTENDING at work at work retained 1960 to 7/9 1966 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 1966 and that death occurred at 1. A.M. from the causes and on the date stated above. saw the deceased alive on SIGNATURE 22b. DATE SIGNED filed ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS. HOSPITAL 22d. ADDRESS 22c. PHYSICIAN'S director, p should be 1 NAME (Type) Clarksville, Maryland 21029 Charles 5. Whitaker. M.D. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. (State) REMOVAL (Specify) 2 -12-1966 Mt. View Alpha, Me Buriel ADDRESS REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Higinbothom. Ellicott City. Ma A15 (4) DATE 20M



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after, death, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY HOWARD Maryland MARYLAND C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b enave carbon papers. Pag Clarksville Clarksville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Trotter Road Trotter Road No T YES within 3. NAME DE First Middle Last DATE Month Day DECEASEO comple (Type or print) DEATH AIOIV CROSBY 5. SEX 6. COLOR OR RACE OATE OF BIRTH AGE (In years) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED 8. NEVER MARRIEO last birthday) | Months | Days Hours i and White Female WIDOWED A **OIVORCEO** I Jan. 28, 1900 10a. USUAL OCCUPATION (Give kind of work done Ξ 10b, KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Virginia death certificate 13. FATHER'S NAME MOTHER'S MAJOEN NAME Thin rem val Australia Dow the attending t permit. The Thomas Mowlett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address 5 (Yes, no, or unkown) [(If yes give war or dates of service) Mrs. Ella Mae Burke, Trotter Road, Clarksville transit perm cremation, INTERVAL BETWEEN ONS OF AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). been signed by the burial-transit or to burial, crems PART I, OEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) OUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying_cause last. has CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIGUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 19. certificate YES No. 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part | or Part |) of Item 18.) detached for the Dept. of I CAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (State) (County) factory, street, office bldg., etc.) Hour Not While retained by D.M. at work DIRECTOR: A age 3 should lled with the S b certify that (I) (this hospital) attended_the deceased that death occurred at 5/5 the déceased alive on M. frem the causes and on the date stated above. SIGNATUR page : ATTENDING PHYS. STAFF DIRECTOR may M.O. PHYS FUNERAL PHYSICIAN L 32d ADD director, p NAME (f ype) Page 4 1 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION. LOCATION (City, town or county) REMOVAL (Specify) 2 Forest Lawn -26-1966 Buria. Norfolk . Va FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR ALS (4) . Riginbothom Ellicott City Me 20M 1/65

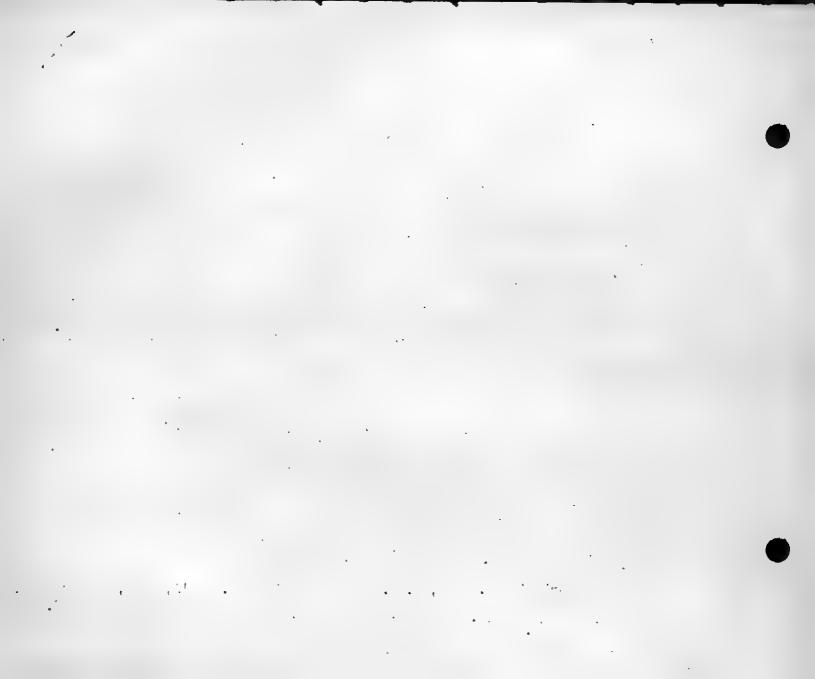


| 1 | Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 |
|--|--|
| FOR STATE | £0019 MEDICAL EXAMINER'S CERTIFICATE OF DEATH |
| HEALTH DE | 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased ved, if institution. Residence before admission) |
| Poge Poge. | O COUNTY HOWARD MARYLAND MARYLAND O STATE Maryland Baltimore |
| delay and 3 A3. Po fment rr deof | b C TY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) |
| PM3. P | ELLICOTT CITY Baltimore |
| Depa Of a string | d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street address) d STREET ADDRESS e S RESIDENCE On A FARM? |
| th If Liny detay is ges 1, 2, and 3 to 1 form PM3. Page ate Department of haurs after death. | TAYLOR MANOR HOSPITAL 4028 Deepwood Road 21218 VES NO X |
| hours after death. If the liter 18. Give Pages 1, Office along with form Jand 2 with the State De event within 72 hours | 3 NAME OF First Middle Last 4 DATE Month Day Year DECEASED OF |
| er de Sive P ng win n the | (Type or print) HELINDA ELIZABETH DALBKE DEATH / 16 19 66 |
| hours after deater 18. Give Po Office along with and 2 with the St event within 72 | Manths Days Hours Mn |
| hours tem 1 Office and 2 event | Female White WIDOWED DIVORCED TELL TO 11 48 yrs 100 USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT |
| | during most of working life, even if retired) teacher School W. Va. |
| hin 24 ncil in siper's pages I | 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME |
| within 2 n pencil ii Examiner Examiner File Agges ond in or | W. H. S. White (dec) Grace Yoke |
| in per le Exp. | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address 1028 Deepwood (Yes, no, or unknown) (It yes give wor or dotes of service) |
| INER: This certificate should be executed to certificate, writing the word "pending" should be forwarded to the Chief Medical files. 3 should be used as a bural-transit permit int, prior to buriol, cremation, or removal. | no may mond it. balbke, musbaltu no. |
| exe endi | 18 CAUSE OF DEATH (Enter on y one couse per line for (a) (b) ond (c) imbalance associated with chronic ONSET AND DEATH PART! DEATH WAS CAUSED BY. Inct to Color and withdrawal from ethylism |
| should be e ne word "per a the Chief ! burral-transit mation, or re | IMMEDIATE (AUSE (a) ethylism and withdrawal from ethylism |
| ould vorc he (ral-ti | Conditional if any which prove 2 |
| sh he v he v ha tr | rise to immediate cause (a). |
| ficate ing 18 ded 1 os o os o | stoting the underlying cause (c) |
| certifica orwarde oused os buriol, c | DADT I OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF DEATH RUT NOT DEFATED TO THE TERMINAL DISEASE COMPUTION OF VEH IN DADY 1/-). |
| s ce e, w forv | PERFORMED? YES XXX NO |
| ER: This certificate should certificate, writing the word tould be forwarded to the Ches. es. should be used as a burial-tre, prior to burial, cremation, | 20g EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OFCURRED (Enter nature of injury in Port Lor Port Lor Fort Lor Port Lor P |
| ertii ertii ss. pric | PRIMARY Or CONTRIBUTING CCCONTRIBUTING CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC |
| NEDTCAL EXAMINER: This eose execute the certificate, irector. Poge 4 should be figined for your files. NRECTOR: Poge 3 should be designated agent, prior to | 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, Haur a.m. 20f (City or town) (Caunty) (State) |
| KAN te fl se 4 vour oge | Hour a.m. p.m. 19 of work of at work of the start of the |
| AL EXA execute or. Poge of TOR: Pog | 21. I certify that I took charge of the remains described above, held on Autopsy 🖫 , Inspection 🔲 , Inquiry 🔲 , and in my opinion |
| tor. | deoth resulted from. Notural causes 🔼, Accident 🗌, Suicide 🗐, Homicide 🗐, Undetermined monner 🔲 |
| MED- pleose direct direct retaine DIREC | ACTUAL CHIEF MEDICAL EXAMINER XX |
| JTY N Iny, ple erol d be ret RAL D or its | SIGNATURE WILLIAM OF WATER M.D. ASSISTANT MEDICAL EXAMINEK |
| DEPUTY MEDICA necessary, pleose es the funerol director. 5 may be retained 5 FUNERAL DIRECTO Health or its design | EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D. Address (Street, city, tawn, or county) |
| TO DEPUTY MEDICAL EXAM necessary, please execute the tuneral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health or its designated age | 23g BURIAL CREMATION 23b DATE THEREOF 23g NAME OF CEMETERY OR CREMATORY 23d 10(A) ON (City of Town) (County) (County) |
| F 7 | burial 7-19-66 Elmwood Cemetery Shepherdstown, Jeff.Co |
| VR AISME (5) | 24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE 100 PM 10 |
| 6M 1/66 | Metriffe of file Charles Town W. Vant JUL 19 1966 filerles Judge |

Items 18821 Film 379 8-17MARYLAND STATE DEPARTMENT OF HEALTH

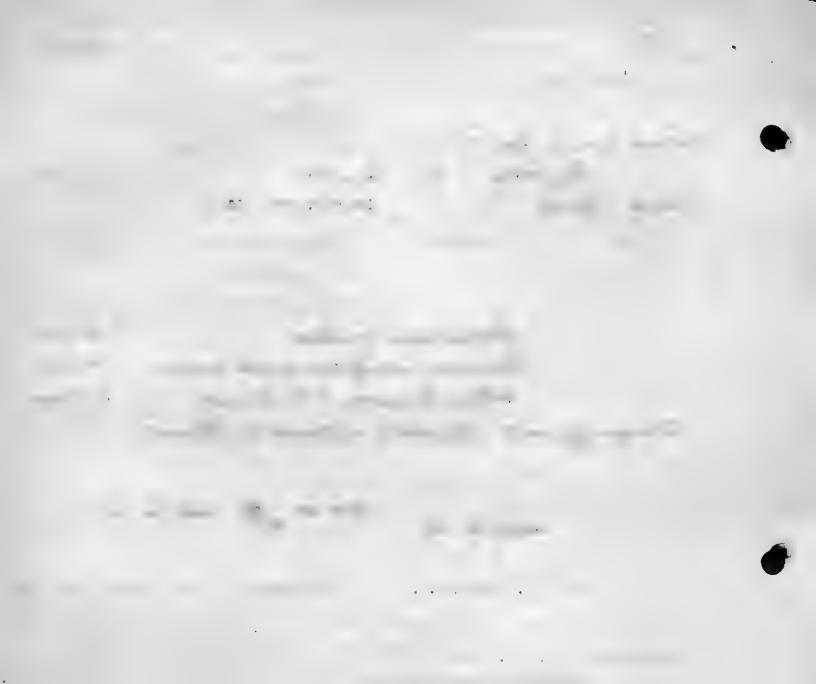


| 1 | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND | |
|--|--|-----------|
| : -0: | CERTIFICATE OF DEATH | |
| after death. the funeral ges 1 and 2 after death. | 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where decorard lived of factivation's Peridence hadron admire) | |
| = \$ | Howard Maryland D. COUNTY | |
| s aft by th sages s aft | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | n) |
| nours S. P. s. P. | Ellicott City 2 Mos. + Glen Butnie | _ |
| ding physician. death certificate be executed within 24 hours after death ding physician. been signed by the attending physician and completely filled in by the funeral the burial-transit permit. Then place remove carbon papers. Pages 1 and 2 or to burial, cremation, or remover, and in any event, within 72 hours after east. | CARLAND MALE ON A FARM | |
| ithin son with | 3. NAME OF / First Middle , Last 14. DATE Month Day Year | 7 |
| d w carl carl | (Type or print) Wilhelmina (. freburger DEATH Daly 6, 1966 | |
| cute d co nove iy ev | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24H last birthday) Months Days Hours Mil | _ |
| exe n an ren ren in ar | 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND DF BUSINESS OR 1/11, BURTHPLACE (County & State, & Foreign country) 1 12, CITIZEN DF WHAT | - |
| be be and and | during most of working life, even if retired) NDUSTRY 1 | |
| Te all | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME | - |
| remarkation of the second | GEOIGE Sadlet (Unknown) | |
| afth of mitten | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service) Un Known Mr. Edward L. Frebuiger (Husband) Same A | 本 |
| the ation | 18. CAUSE OF DEATH [Enter only one cause por line for feb (b), and (c),] |)]L, |
| ires that the death certificate physician. The attending phy 1 signed by the attending phy burial-transit permit. Their burial, cremation, or removed. | PART I. DEATH WAS CAUSED BY: SCOL FOLLAGE - PUCCULOU, COLORED DOSE AND DEATH | CA |
| tha ysicil gned ial-tr | 47. DUE TO / O - A - A - A - A - A - A - A - A - A - | |
| g physical program of the pure | gave rise to Immediate (b) | 2 |
| nding bee | cause (a), stating the underlying pause last. DUE TO CALLE OF CORCLE OZE | |
| e law atten e has se as th pric | | 7 |
| The all or a ficate or use Health | E MUPUISLUE - astulla YES NOT | 7 |
| O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed be director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre | PART II. DTHEREIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION SIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? 200. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) 3. OR CONTRIBUTING 1 CAMSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| PHYS the h this detao | 20c. TIME DF MJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, left of factory, street, office bldg., etc.) Hour a.m. 19 at work at work at work | |
| ING Dby Mfer be Stat | p.m. 19 at work at work at work | _ |
| HOSPITAL OR ATTENDING Page 4 may be retained by FUNERAL DIRECTOR: After director, page 3 should be should be filed with the Stat | 21. V certify that (1) (this hospital) attended the deceased from fill the 18 1960, to filly 1960, 1960 that (1) the 18 | |
| retr 3 sh with | saw the deceased alive on 1966, and that death occurred at 15 M, from the causes and on the date stated about 22a SIGNATURE. | <u>e.</u> |
| 1 08 by be sage filed | ATTENDING DIRECTOR STAFF PHYS. 7/66 | |
| PITA 4 mg ERAL Or, p | NAME (Type) Christian S. Nass. M. D. 687 Balto. Nat'l. Pike. Ellicott Cit | |
| TO HOSPITAL OR ATTENI Page 4 may be retaine To funeral director, director, page 3 should should be filed with the | 23a. SURIAL CREMATION J 23b. DATE THEREOF J 23c. NAME OF CHEMTERY OR CREMATORY 23d. LOCATION (City, town or county) 34.3 (State) | Ā |
| 51 D D D D D D D D D D D D D D D D D D D | Durial July 9, 1966 Glen Haven Memil Vark. Glen Burme mel. | |
| | 24. FUNERAL DIRECTOR ADDRESS 125a. REC'D BY REGISTRAR'S SIGNATURE | |
| VR A15 (4) 20M 1/65 | 1. L' Singleton Glen Butmie My DATE JUL 13 1986 golianles Judge | = |
| 10 | v // 0 | |



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. 1/65 mh 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) e. COUNTY a. STATE b. COUNTY MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) ELLICOTT CITY Reisterstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE Leyton Rd. ON A FARM? YES NO NAME OF Middle Yeer DECERSED OF (Type or pont) DEATH 19 AGE (In years | IF UNDER I YEAR 6. COLOR OR RACI IF UNDER 24 HRS. MARRIED NEVER MARRIED st birthday] Months WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired) physici SALESMAN RETIREDBALTIMORE MARYLAND USA MOTHER'S MAIDEN NAME 13. FATHER'S NAME ding HARRY GLICK ANNIE WEINBERG 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (livesgivewerordatesetservice MR. GABE GLICK. 1239 PARK HEIGHTS 18. CAUSE OF DEATH [finter only one cause per une for (e), [b], end (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** gave rise to immediate cause DUE TO (e), stating the underlying cause lest. FICATION PERFORMED? NO 200. ACCIDENT WAS UND K. YING [] OR CONTRIBUTING [] CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture CERT (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dd. INJURY OCCURRED : 20c. TIME OF INJURY 2De, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour e.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from OCT. saw the deceased arrive on The 22b. DATE 22e SIGNATUR SIGNED ATTENDING MED STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) TAYLOR. M.D. TAYLOR MANOR HOSPITAL, LILICOTT 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Steta) 23s. BURIAL CREMATION, | 23b. DATE THEREOF OFL REMOVAL (Specify) MARYLAND BURIAL , 25b. REGISTRAR'S SIGNATURE 25a REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 1SM 7,61 & BROS. INC. 6010 REISTERSTOWN

RYLAND STATE DEPARTMENT OF HEALTH



| 1. | | I t | ems 18-21 Film 379 8-10 MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 30 | EPARTMENT OF HEALTH OF W. PRESTON STREET, BALTIMORE, MARYLAND | 21201 |
|---|-----------|------------|--|---|---|
| FOR STATE | 1. | | TERRORS MEDICAL EXAMINER'S | CERTIFICATE OF DEATH | 10014 |
| MEALTH DEP | A.P | | PLACE OF DEATH COUNTY HOWARD MARYLAND | | larford |
| ony deloy is 2, and 3 to PM3. Poge | Bernstein | | of CITY OR TOWN (flouts de corporate limits, write RURAL and give nearest town) Jessup | CCITY OR TOWN (f outside corporate limits, write RJRAL and Havre de Grace | give nearest fown) |
| P P P | 5 | | NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | d STREET ADDRESS | e IS RESIDENCE ON A FARM? |
| | 314 | | Perkins State Hospital | Concord Apartments | YES NO |
| after death. It is Give Pages 1, along with form with the State Darwithin 79, hours | 7 7 | | AME OF First Middle DECEASED Type or print) JAMES CHRISTOPHER | Lost 4 DATE Month OF OF DEATH July | Doy Year 13 19 66 |
| V2 | | | Male White W DOWED DIVORGED | 8 DATE OF BIRTH 9 AGE (In years lost birthdoy) Month | DER I YEAR FUNDER 24 HRS IS Doys Hours Min. |
| Z | | 10a dur | LSUAL OCCUPATION (Give kind of work done in move of the street of the st | Washington D. C. | CITIZEN OF WHAT |
| w thin pencil xamip | | | James C. Kilsglen | Lathure andrew | 2 |
| = 100 10 10 10 | i i | 15 (Ye | AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC.AL SECURITY NO 17. no, or Jinknown) (If yes give wor or dotes of service) | INFORMANT CALLOS OF CHICAGOSLA | 3. anend love |
| e execute pending" ef Medico | | | 18 CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c).) | us C. Willyalan Hamde & | NTERVAL BETWEEN |
| | 5 | | PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Alcohol - Disuli | firam Reaction | ONSET AND DEATH |
| work wor the trial-t | | | Onditions, if any, which gave } {b} | | |
| | 1 | | rise to immediate couse (o), stoting the underlying couse DUE TO | | |
| certifico writing prwarder used os | | | lost. (c) | | |
| | | CAT ON | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO I Arteriosclerotic Heart Disease | | 19 WAS AUTOPSY PERFORMED? YES X NO |
| 4 2 9 | | L CERT F | CAUSE OF DEATH Ingestion of alc | (Enter noture of injury in Port or Port of item 8) cohol while receiving disul | firam |
| 三 9 4 年 5 日 | | MEDICAL | Hour a.m. 7 12 19 66 While Not While of work | lory, street, office bldg., etc.) HOSPITAL Jessup How | (County) (State) |
| execute rar. Page of for you | | | 21. I certify that I took charge of the remains described above, he | | A |
| MESTA please ey director. director. DIRECTO | , | | death resulted from: Natural causes | ide, Homicide, Undetermined manner | |
| please al director retained | | | SIGNATURE (Charles Feely | M.D. ASS STANT MED CAL EXAMINER 🔀 | 22. DATE SIGNED |
| TY, ITY, Be be be | , , | | EXAMINER'S NAME (Type) Charles S. Petty, M.D. | DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) | 7/14/66 |
| TO DEPU necessor the fun 5 moy TO FUNE Health | | 230 | BERIAL CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR (| | (Coupty) (Stote) |
| | | 14. | FUNERAL DIRECTOR ADDRESS ADDRESS | 250. REC D BY REGISTRAR 1756 REGISTRAR | S SIGNATURE, |
| VR A15ME (5 6M 1/66 | 6 | 1 | mungton fly I found there. | MA DATE JUL 20 1966 900 | arles Judge |



| 11-1 | | MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND |
|--|-------|--|
| D | | Division of Statistical Research and Records, 301 W. Preston Street, Baltimore 1, Maryland CERTIFICATE OF DEATH |
| funeral should | 25n . | 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before admission) a. CQUNIY b. COUNTY |
| t hou you the and 2 death. | Na I | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest lown) |
| d in 2 | | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital), g.va street eddress) d. STREET ADDRESS Ja. IS RESIDENCE |
| S. Pag. | 4 4 | OAKLAND NURSING HOME 1707 TAYLOR ST NLJ YES NO |
| nplete | | 3. NAME OF DECEASED (Type or pant) 1. P. 4. B. POLLAGO S. DEATH J. / 4. D. Year OF DEATH J. / 4. D. Year OF DEATH J. / 4. D. Y. A. J. Y. A. J. Y. J. Y |
| be ex id cor rbon within | | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1/8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS. |
| ian ar | | 100. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stelle or fore an country) 12. CITIZEN OF WHAT COUNTRY? |
| certifi physic remo | | MeTize D US GUV. 6H10 |
| ding ding | | 13. FATHER'S NAME ABNER REYNOLDS IDA. WALTER |
| alten Then val _k a | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no., or unkown) (Ifyes give werordates of service) |
| ian. ian. by the rmit. | | 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)) |
| Physic physic gned isit pe | | PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO |
| law inding sen signal-tran | | Conditions, if any, which gave rise to immediate cause (b) LERCO ACL & OUC MX. allo. Year |
| The ratter has be buri | | (a), stelling the underlying cause lest. |
| CIAN pital o ficate as th | | PART II. OTHER AGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO DE |
| HYSI e hosp s certi or use prior | | 206 DESCRIPE HOW IN LEGE PART OF A PERCENT HOW IN LIET OF CHART OF DRIVE OF PArt I of Jam 18.1 |
| CG Pl by the ter this thed f | | OR CONTRIBUTING CAUSE OF DEATH OF INJURY MEDICAL EXAMINER, OR CONTRIBUTING CAUSE OF DEATH OF INJURY MEDICAL EXAMINER, OR CONTRIBUTING CAUSE OF DEATH OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, Igrm, 20f. (City or lown) (County) (Slata) |
| Ained ained Br. Af | | Hour sm./ p.g. 19 at work 1 |
| be red by delayed be | | 21. I certify that (I) (this hospital) attended the deceased from MON CONTROL to MON 1960, that (I) (we) last saw the deceased aliveron for the date stated above. |
| 3 sho Sta | | 22e. SIGNATURE STAFF TILL 226 SANED |
| age page with the | | 22c. PHYSICIAN S 22d. ADDRESS |
| HOSH sth. P FUNI ector, filed | 1 | NAME (Type) Christian S. Mass, M.D. 687 Balto. Nat'l. Pike, Ellicott City, 23a BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) Maryland |
| C g C g Z | 0 | BURIAL July 12, 1966 617- of Henren WHENTON, MD |
| VR A15 (4) 15M 7-61 | all. | W W autorull 3603 14 1 No wald Date JUL 13 1966 |
| | 1 | |



| - / | , | | | EPARTMENT OF HEALTH | |
|--|--------------------------------|-----------------------|--|--|--|
| | M | | Division of STATISTICAL RESEARCH AND RECORDS, 30 | DI W. PRESTON STREET, BALTIMORE, MARYLAND 212 | 201 |
| FOR STAT | E | | 10024 MEDICAL EXAMINER'S | CERTIFICATE OF DEATH | 10016 |
| HEALTH DE | PT. | | LACE OF DEATH | 2 USUAL RESIDENCE (Where deceased lived, if institution-Residen | ce befare admission) |
| Jay is 3 to Page | | · · | COJNIY HOTOTO MARYLAND | a STATE b COUNTY Harvland Howard | d |
| delay is and 3 to A3 Page | ge | | CITY OR TOWN (If outside corporate limits. | c CITY OR TOWN (If outs de corporate limits, write RURAL and give | |
| f cny delay 1, 2, and 3 m PM3 Pa | after death. | | write RURAL and a ve nearest town) | Ellicott City | 1 |
| 2, E | S | (| NAME OF HOSP TAL OR INSTITUTION (If not in haspital, give street address) | d STREET ADDRESS | 0 IS RES DENCE ON A FARM? |
| _ ~ ~ 9 | haurs | | Davis Road | Davis Road | YES NO |
| after death 3. Give Page alang with f | 72 | | NAME OF Frst Middle DECEASED | Lost 4 DATE Month OF | Day Year |
| er de live P | within 72 | (| Type-or print) HENRI CLAI SCRIVNOR | DEATH , SULLY LL. | |
| after 8. Gr alang | ¥i.x | 5 | The state of the s | last birthday) Manths | 1 YEAR IF UNDER 24 HRS Days Hours Min |
| n III | 4 = | | VIOLE WHITE WIDOWED DIVORCED JUNES OR | 6-22-1880 86 yrs. | ZEN OF WHAT |
| 24 haurs in Item I r's Office | | | ng mast af wark ng life, even if retired) INDUSTRY | , | JNTRY? |
| thin 24 not Lin niner's nages | any | 13 | Retired Woolen Mill | Carroll County, Md. | |
| enc min | | | 2 | 3 | |
| xecuted will dang 'n pe Medical Exar permit, file | | 15 | WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 | INFORMANT - Address | |
| urte g ' ical | D O | (Ye | WAS DECEASED EVER NUS ARMED FORCES? i, na, ar unknawn) (If yes give war ar dates af service) No 213-09-6144 E | Elweod Scott, Davis Road, Ellicot | t City.Mi |
| | | 7 | 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) | | INTERVAL BETWEEN |
| shauld be e ne ward "per ta the Ch.ef I buriai-transit | 10 | | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thron | abosis | Instant |
| and | E, | | 7 20 DUE TO | | |
| sha * * * | offic | | Canditions, if any, which gave nise to immediate cause (a), (b) Arteio-sclerotic | Cardio Vascular Disease | 10 years |
| a b | Trem | | stating the underlying cause DUE TO | | |
| ifica tring prdec | ÷ | | last.) (c) | | Lie was autopey |
| certifi , writ arwar used | ung . | NO | PART II OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO | THE TERM MAL DISEASE COND TON G VEN IN PART I(a) | 19 WAS AUTOPSY PERFORMED? |
| his ate, e fc | 2 | S | 2Dd EXTERNAL CAUSE WAS 20th DESCRIBE HOW INNIRY OCCURRED | (Enter nature of injury in Part I or Part II of 'tern 18.) | YES NO K |
| STCAL EXAMINER: This se execute the certificate, ctar Page 4 shauld be faned for your files. | its designated agent, priar ta | MEDICAL CERT F CATION | CAUSE OF DEATH | (times nature at injusy in Pari I at Pari II at Tem 18) | |
| MIN the 1 th filling a 3 s | ent | DICA | 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e P.J. Hour a.m. While Nat While | ACE OF INJURY (Hame, farm, 20f (City or tawn) (Car ctary, street, affice bldg., etc.) | unty) (State) |
| XAA te t ye 4 | 50 | ¥ | p.m. 19 otwark atwark | | |
| AL EXA execute or Page of far yau | atec | | 21. I certify that I took charge of the remains described above, he | | ond in my opinio |
| ed for each | Sign | | death resulted fram Natural causes 🕽 Accident 🗌, Sui | icide 🔲, Hamicide 🔲, Undetermined manner 🗀 |] |
| | g. | | ACTUAL STATE | CHIEF MEDICAL EXAMINER | 22. DATE SIGNED |
| IY I | 2 | | SIGNATURE AND TO HOURS | M.D ASSISTANT MEDICAL EXAMINER | 2-1966 |
| DEPUTY MEDICAL EXAM ecessary, please execute the te funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page | ŧ, | | EXAMINER'S NAME (Type) George E. Burgtorf M D Church Ro | DEPUTY MEDICAL EXAM NER TO TOURS | |
| TO DEPUTY MEDICAL INCOME. IN THE FUNERAL DIRECTOR 5 may be retained TO FUNERAL DIRECTOR | Health ar | 23a | BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR | | (Caunty) (State) |
| 5 _{등 는 ~} 5 | - CA | | Bigging Tecty) 7-14-1966 Good Shepher | | |
| VR AISM | (B) 151 31 | | FUNERAL DIRECTOR And subolhood DESER | 25g. REC'D BY REGISTRAR 25b. REGISTRAR S S | |
| 4K A1309 | AA. | F. | C. Heinbother, Ellisott City, Mil | DATE JUL 1 4 1866 Kille | anten Judas |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY b. COUNTY Howard MARYLAND Marvland Howard b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Ellicott City Ellicott City bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Font Hill Drive 3 Font Mill Drive NO X YES | etely pour 3. NAME OF First Middle Last 4. DATE Month Year DECEASED RUTH Car E.SHIBERT (Type or print) DEATH July 1,1966 19 executed 5 SEX 6. CDLOR OR RACE 8. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR HE UNDER 24 HRS 7. MARRIED NEVER MARRIED (ast birthday) Months | Days Hours Female White 7~31~1890 WIDOWED DIVDRCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fereign country) 12. CITIZEN DF WHAT certificate be INDUSTRY COUNTRY? Hartleton . Pa. At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Ammon A. Loss Emma Lucas 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) [(If yes give war or dates of service)] 16. SDCIAL SECURITY NO. 17. INFORMANT Address permit. 0 death Mrs. Joseph C. Boulder . Ellicott City . Md. No cremation, 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) attending physician. signed burial-ti burial, **DUE TO** Conditions, If any, which (b) peen gave rise to immediate きさ DUE TD cause (a), stating underlying cause last. 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 19. WAS AUTDPSY PERFORMED? TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ND 7 ور 208. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) to 20e. PLACE OF INJURY (Home, farm, TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While After at work at work retained 19.65 to VUNE 30, 1966, that (11) (we) last 0 21. I certify that (i) (this hospital) attended the deceased from shoul 34 19.66 and that death occurred at 1230 M, from the causes and on the date stated above. ECTOR saw the deceased alive on_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR pai FUNERAL PHYSICIAN'S 22d. ADDRESS TO FUNERAL director, 1 NAME (Type) should 1 BURIAL, CREMATION, 23b. REMDVAL (Specify) 23a. DATE NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City, town or county) (State) 0 Grand Junction, Colo. Cemetery Burial Municipal 25a. REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR** 1966 F.C. Higinbothom, ElA VR A15 (4) DATE 20M 1/65

Dipringil 1 will dipolity with theolin State Hill Chies TOPIL TIME TO THE PLANT OF THE A. W. Soll Press settoli yu. ត្រូវប្រធានាធិប្រធានាធិប្រធានាធិប្រធានាធិប្រធានាធិប្រធានាធិប្បក្សិ Emil . From . Mrs. Topics U. Dodfer, Williams City, G. The second of th and the same of the same TOTAL SERVICE STREET AND A SERVICE STREET of a consecut the second of the latest the latest Li, John Mast CE, whitehing the

| FOR STATE HEALTH DEPT | | Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10026 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10026 MEDICAL EXAMINER'S CERTIFICATE OF DEATH | 0018 | | | | | |
|--|---------------|---|---|--|--|--|--|--|
| 7.9 | 1. | a. COUNTY a. STATE b. COUNTY MARYLAND MARYLAND | ~ | | | | | |
| cessary, the functal S may be Department after death, | | b. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Gettyabure | ve nearest town | | | | | |
| helay nd 3 to red Page 5 State Dep | | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) In the woods nr. junction of | ON A FARM? YES NO | | | | | |
| M3. | 3. | NAME OF First Middle Last 4. DATE Month Day DECEASED (Type or print) LOUDEN SAMUEL YOUN DEATH July 6.1966 | Year 19 | | | | | |
| ages 1, 1 form form form form fix within | | 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lest birthdey) Male White WIDOWED DIVORCED Mar. 22, 1902 64 yrs. | Hours Min | | | | | |
| wite Per | | a. USUAL OCCUPATION (Give kind of workdone Industry) Saw Mill 10b. Kind of Business or Industry Industry Lumber 11. BirthPlace (State or foreign country) COUNTRY Perma | OF WHAT | | | | | |
| page in a | | Samuel Yocum 14. Mother's Maiden Name Minnie Barkley | | | | | | |
| hin 24 ho cil in Iten ir's Office nit. File oval, and | 15 (Ye | 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes gire war or dates of sarrice) 4.93-01-5350 Albert D. Yocus, Rt 4 Gettysburg, Pa. | | | | | | |
| should be executed within word "pending" in pendil it Chief Medical Examiner's as a burial-transit permit. | | 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONS | RVAL BETWEEN ET AND DEATH 12 tant | | | | | |
| tificate to the to the used or to bu | CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING COURSE OF DEATH. 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) CAUSE OF DEATH. | PERFORMEO? | | | | | |
| R. Thate, forw forward ships agen | MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) P.m. 19 at work at work | (State) | | | | | |
| r MED EXAL xecute cie ce Page 4 should for your files. AL DIRECTOR: F | | death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER | d in my opinio DATE SIGNER 1966 | | | | | |
| direct direct of Fig. | 238 | 8. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Burial 7-9-1966 Mc Cullochs Mills Tuscor Township, Penns | (State) | | | | | |
| VR AISME (5) FC. | 24 Hi | Einbothom, Ellicott City, Md. Proper Grove, Pa. Date JUL 1 1 1966 Gleanle | Judge | | | | | |

Patria e della profession. A. 71 estate" Ale calcinal e tonisi STREET, STREET, at some of opposite full self L. Marte And Land Admit I I Tend part again. Lagor Terral Docar arth america at Destail Parker